## STATEMENT OF

RECEIVED

FEC FORM 1		ORGAN	IIZATI	ON 2012 NO	-5 AM 9:	35
				FFCA	ALL CENTE	Office Use Only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ample:If typing, type or the lines.	12FE4M5	
OKLAHON	1A ŞEI	VATORIAL	CAUC	US 		
	<u> </u>				<u> </u>	
ADDRESS (number and street)  (Check if address is changed)		P. O. BOX	8394			
		DELRAY E	EACH		FL <sub>1</sub> 3	33482
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address	S (Please provide only UnitedStat		ddress) atorialCaucu	ıses@yal	noo.com
COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if address is changed)						
2. DATE 10	)" <sup>′</sup> 29'	' ' <b>ŽO</b> '1Ž '				
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 🔀	NEW (N)	OR [	AMENDED (A)		
I certify that I have t	examined this	s Statement and to th	e best of my	knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasurer	RICHARD	KEVI	NSTON		
Signature of Treasure	er	Kuff			Date 10 <sup>th</sup>	′ 29° ′ 20′12
NOTE: Submission of		·	-	bject the person signing of OULD BE REPORTED W		ne penalties of 2 U.S.C. §437g.
Office Use				For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)